WRITE POINLY, WITH UNFADING INK---THIS IS A PERMANENT V S. No. 1.

AGE should be stated EXACTLY, PHYSI. that it may be properly classifled. Exactotions on back of certificate.
N. B Eyery item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County	(3) CERTIFICATE OF DEATH
2/+ 200.	Registration Dist. No
Village or City Milk / Milling	St; Ward) (If death occurred in
tion Q	a hospital or institu- tion, give its NAME in-
2 FULL NAME SULF DOWN	bannely stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192
Uch 80,93/	that I last saw halive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than	The CAUSE OF DEATH Was as follows:
yrsmosdsor min. ?	· jaille Manual
8 OCCUPATION (a) Trade, profession or	sulle Bour
particular kind of work	
business, or establishment in	(Duration)yrsmes ds,
which employed or (employer)	Contributory
(State or country)	(Duration)yrs,mos ds.
10 NAME OF auderson Brises	(Signed) III . H. MOURGE & Rep.
11 BIRTHPLACE OF FATHER	
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Denney	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents)  At place In the of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) anderson Brised	Former or usual residence
(Address) Thit Plain	19 PLACE OF BURIAL OR REMOVAL OCT 31.31
Filed 20 7 3/ 1931 M. R. More B.	20 UNDERTAKER BY WELL ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICAT OF DEATH On Death of Death

(Approved by U. Yeurs and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," ete., without more precise specification as Day cu at home, who are eugaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term ou

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Didemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

See buth sewificate you seef & date

Nomenelature of the American Medical Association.) ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, telanus) muy be stated under the Poisoned by carbol'c acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemic," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely diseases resulting from childbirth or miscarriage as "Uraemia," "Weeknes." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchonneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (R commendations on state-Example: Measles (second-(discase

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

MARGIN

1 <sub>PLAC</sub>	re of	5 DE	EATU	
County	1	//	/	na l
	\		•	-

Village or City M Cotoria (No.

2FULL NAME

which employed or (employer)

(State or country) 12 MAIDEN NAME OF MOTHER

9 BIRTHPLACE (State or country)

ARENT

10 NAME OF

11 BIRTHPLACE OF FATHER

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant

(Address)

If more bianks are needed, addreds State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 104
H	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
re	16 DATE OF DEATH 10 - 26-, 1981
3	(Month) (Day) (Year)
han hrs. in.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
	Interculous flury.
	(Duration) & yrs. mos. ds  Contributory Secondary
	(Signed) V. Le Higher M. D. M. D. D. J. 1981 (Address) May side
	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsds. In the Stateyrsds
	Where was disease contracted, if not at place of death?
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Holy Short Cerneley 10-28-19.3
	ZU UN UEN A // ADDITEDS

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED WZ OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Yea IIILESS t 7 AGE 1 day 8 OCCUPATION (a) Trade, profession orparticular kind of work (b) General nature of industry business, or establishment in

m

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits ean be known. The queseupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise stutement of oc-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salcsman. (b) without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-Grocery, Wont-

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," (clanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomencluture as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, etc. The

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly filed

-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD, LY, WITH UNFADING INK--THIS IS A PERMANN N. B.

MARGIN RESERVED FOR BINDING

V. S. No.

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
Don .	Registration Dist. No. 100
Village or City Xa Vlala (No. /	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  , 192  October (Month) 5 (Day) /98/(Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on , 192 , 1
7 AGE	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	as shot firely from
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  9 Maryles Co. Maryles Co.	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER Basil Matthews	(Signed) P. S. Lee Reach J. M. actingly species, M.
OF FATHER (State or country) harles Co. Marylund 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Celherine Goring  13 BIRTHPLACE OF MOTHER (State or country) Charles Co Maryfune	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death yrs
(Informant) Basil & Matthew	if not at place of death? Former or usual residences
(Address) & Plata Md.	Charles Co. Md. Oct 7, 1931
File Oct 6 1921 Selean Wooding Registral	Henry a. Penn La Plata
If more blanks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11800

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (retired 6 yns). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loconotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of culness of various pursuits can be known. Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a nature of the husiness or industry, and therefore an cupation is very important, so that the relative health-Foremon, For many occupations a single word or term on (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEA CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, VIU ARE, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Corcinoma, Sarcomu, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-"Heart failure," "Izemorrhage, Chronic etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

M ż

	PLACE OF DEATH	
	County Charles	
Vil	lage or City Rycenille (No	D
	PERSONAL AND STATISTICAL PARTICULARS	
	Vale Calare Single, Widowed, OR DIVORCED (Write the word)	
8 1	ATE OF BIRTH	
	Fet. 2, 1930	2
	(Month) (Day) (Year)  GE   If LESS tha	_
	1 yrs. 8 mos. 9 ds. l dayhr	8.
() () b w	ATTACE  (State or country)	
-	10 NAME OF	_
	FATHER Walter Seelis	
STN	11 BIRTHPLACE OF FATHER (State or country)  Marylan	
PARE	of Mother Many Dent.	
	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	
A ·	(Informant) Name Dent  (Address) Rycerille M.	

12408

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

ent. St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME li- stead of street and number.)
MEDICAL CERTIFICATE C	F DEATH
16 DATE OF DEATH	. 193/
	(Day) /93/ (Year)
17 I HEREBY CERTIFY, That I atte	nded the deceased from
that I last saw halive onand that death occurred on the date stated	, 192,
The CAUSE OF DEATH * was as follows:	above, atm,
Nat Knaun- Dea	don
annal -	**************************************
Orobably died from suftened o	phandin. custo
Contributory	yrsds.
(Durstion)	yrsds.
(Signed) alensus C	Wilch M.D.
Oct 12 1931 address) Chap	
*State the Discase Causing Death) Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from) ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents)	als, Institutions, Trans-
At place of deathyrsmosds. In the State	yrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
John Wesley Cemilary	act 13, 1931
26 UNDERTAKER	ADDRESS (
( O deliseles	warner we

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. (b) Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(H)
County Charles	Registration Dist. No. 10 8
Village or City oder Boro	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
0 0 - 1	
0 1 10 1	ou.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertice the word) Willer	21. DATE OF DEATH Och (Month) (Oay) (Year)
52. If matried, widowed, or diversed HUSBAND of even waller Dyson (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from Ceffice 1931, to Och 5 1934.
6. DATE OF BIRTH (month, day, and year) Scarce 6 1858.  7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h alive on O 5
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. Year House work was done, as SILK MILL. Year House work with this occupation (month and yaar)  10. Oate deceased tast worked at this occupation (month and yaar)  11. Total timo (years) spant in this occupation of the second occupation occupa	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town) Management Constitution (State or country)	Chr. Val. Head design
13, NAME John Manskal Tryonan	
13. NAME WM Massked Thorau  14. BIRTHPLACE (city or town) Globe Co (Stata or country)	Name of operation September 1913, What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Mary E. Barnes.	23. If death was dua to extarnal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary E. 13 arms.  16. BIRTHPLACE (city or town) was lying for a light of country)	Accident, suicide, or homicide?
17. INFORMANT Prestone Dy Dan (Address) De Bay Free:	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place French Cherch Date Och 8 , 1931	Manner of injury
19. UNDERTAKER Haus 2nd Ryon: (Address) wallow mee	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED Oct 7 , 1981 Levry & packness	(Signed) deven & allower M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	7	Example II	
The principal cause of importance were as	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MOV 5 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	the state of the state of	1921	Run over by street car	1 week ago
Cerebral hemorrhage	, DODENU V S.	July 5,1927	Peritonitis	3 days ago
	nu ge			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

-WRITE PLAINLY

N. B.

11895

	1. PLACE O	F DEA	TH	JI WAN		92-00	
	County	CHA	RLES			Registration Dist. No.	5
				death occurred	(1	NoSt.,St death occurred in a horpital or institution, give its NAME instead of street and numbersmosmos	
	2. FULL NA	MIF	CHARTES	EDWARD	TUATT &		
	(a) Reside				Maryland	St., Ward.  If nonresident give city or town and S	itate
	PERSON	VAL AN	D STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male		r or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October (Month) (Day)	193 1 (Year)
5a	. If married, wido HUSBAND of (or) WIFE of	wed, or divo	rced			22. I HEREBY CERTIFY, That I attended d 6 September, 19 31, to 16 October	
- House	DATE OF BIRTH	(month, da	y, and year) Months	August	25, 1918	least saw him alive on 16 October 1931; to have occurred on the date stated above, at 4:30 Am.	
	NGE 70	13	1	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER. SChoolboy  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this constaint dynamic and the second in this constaint work was as the second in this constaint.						Acute nephritis	Date of onset
OCCO	SAW MI	LL, BANK, of sed last working the sed last working the sed last working the sed last	etc ked at	S D	time (years) ant in this cupation		
12	BIRTHPLACE (c		India	n Head,	Md.	Other Contributory Causes of importance: Endecarditis, chronic	l yr.
TER.	13. NAME	Walte	r Robe	rt Hall	9		
FATHER		E (city or to r country)	own) Coho	es, New	Yerk	Name of operation Date of	topsy? ne
LER	15. MAIDEN NA	AME JI	lia St	evens		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Julia Stevens 16. BIRTHPLACE (city or town) - Gareline - Geunty (State or country) Virginia				lino-Co nia	un-t-y	Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT W. RL Halla (Address) Indian Head Maryla d				ad Mar	vlæ d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMA			2 Date 18	October 3	Manner of injury	
19	UNDERTAKER (Address)	Hunt	and R	yan		24. Was disease or injury in any way related to occupation of deceased 200	
20	1	-16.	1931718	Simm	nation Registrar.	(Signed) Rosera a Dregan (Address) Indian Head, Marylan	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV. 5	937 1915	Attack of epilensy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	,		
Other contributory causes of importance	:	Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
		• •	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	-118
LACE OF DEATH	110
DI/	

### STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH OR DIVORCED Write the word (Month) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) ...1925/ (Address) ..... 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or Country Where was disease contracted, if not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Or For many occupations a single word or term on Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria avoid use of "Croup to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISthe only definite synonym is "Epidemic cerebron for the same disease. Examples: Cerebrospinal pneumonia, Bronchopneumonia ("Pneumonia,

> permanently file answered in detail,

niur be obtained before the certificate is

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association. approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondar, or intercurrent) affection need not be Whooping If this certificate "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; by Committee on looked over thoroughly and a l questions Chronic valmular heart disease, Example: Measles (disease etc. The contributory Nomenclature Measles ;

WRITE PL

Every item of CIANS should

N.B.

PLACE OF	DEATH	
ounty H	showin to	harle

11397

### STATE OF MARYLAND CERTIFICATE OF DEATH

0		
Registration	Dist. No	. 108

and that death occurred on the date stated above, at		y Hughes			Ward	tion, give its NAME in
3 SEX 4 COLOR OR RACE MARRIED WARRIED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word) Sylvary (Month) (Day) (Year)  6 DATE OF BIRTH  6 DATE OF BIRTH  7 AGE  6 DOT 24, 193/ (Month) (Day) (Year)  7 AGE  6 DOT DIVORCED (Write the word) (Year)  7 AGE  6 DOT 24, 193/ (Month) (Day) (Year)  16 LESS then I day, hrs.		0		1	***************************************	••••
MARRIED. Wildowed. So DATE OF BIRTH  Set 24, 1931 (Month) (Day) (Year)  7 AGE  So DATE OF BIRTH  The LESS than I day hrs.				MEDICAL CI	ERTIFICATE	OF DEATH
The property   The	MARRIED, WIDOWED, OR DIVORCED		<u> </u>			
(Month) (Day) (Year)  that I last saw h Samble Land and that death occurred on the date stated above, at / The CAUSE OF DEATH* was as follows:    Soccupation   Contributory   Contrib	6 DATE OF BI	RTH				
Tage   Soccupation   Soccupa		Och-	24, 1931	0.7	0. 1	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  I BIRTHPLACE OF FATHER  (State or country)  I BIRTHPLACE  OF FATHER  (State or country)  I BIRTHPLACE  OF MOTHER  (State or Country)  I BLENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place  of death  In the  Of death  State  OF MOTHER  (State or Country)  I BLENGTH OF RESIDENCE  (In the State  OF MOTHER  (In the CAUSE OF BURIAL OR REMOVAL  DATE OF BUIL  I DATE OF		(Month)	(Dsy) (Year)	that I last saw h Oalive	the ag	77, 192
B OCCUPATION (a) Trade, profession or perticular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 OCCUPATION  (Duration)  17 Occupant  (Duration)  17 Occupant  (Duration)  17 Occupant  (Signed)  (Address)  (Address)  (Address)  (Address)  (State or Causing Death, or, in deaths  (State or Hospitals, Institutions, ients or Resent Residents)  (In the State Myrs mos disasse contracted, in the at place of death?  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 PLACE OF BURIAL OR REMOVAL  DATE OF BUI			lead, I day hro	The CAUSE OF DEATH * w	as as follows:	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Trans Les May (Signed) House C. Charles Maine Manager C. Charles Manager C. Charles Maine Manager C. Charles Manager C. Charles M			mos. de. or min.	16 Eme	who g-	
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  17 Cause Maill  (Informant)  19 PLACE OF BURIAL OR REMOVAL  DATE OF BUI	particular kin (b) General is business, or which emplo  BIRTHPLAC! (State or company)  10 NAME of FATHER  11 BIRTHP OF FATI (State of Company)  12 MAIDER	nd of work  nature of industry establishment in yed or (employer)  Fountry)  Of LACE HER OF country)  N NAME	les nog	(Signed) Haury C.  (Signed) Haury C.  *State the Disease Violent Causes, state (1 Accidental, Suicidal or Hom	(Duration)	mos ds  M. D  Annels Mad  Annels Mad  Annels Mad  M. D  Where Mad  Where Mad  M. D  Where Mad  Where
(Informant) Informant)	13 BIRTHF OF MOT (State o	HER of my	Leo my	ients or Recent Residents At place of deathyrsmos Where was disease contracted,	In the	e ateyrsmosds
19 PLACE OF BURIAL OR REMOVAL DATE OF BUI				Former or	) 000 mmmd 0 0 000 0 0 0 0 0 0 0 0 0 0 0	100° 000 000 000 000 000 000 000 000 000
15 EL MIZE 1023/ Our PL III 20 UNDERTAKER ADDRESS	(Add	dress) Houghe		New Yorker 20 UNDERTAKER		DATE OF BURIAL OCL- 25, 1931 ADDRESS How will Med

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,")

(Recommendations on statement of cause of Oftelanus) may be stated under the head of "contributory." American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

supplied ACE should be stated EXACTLY, PHYSI-n terms so that it may be properly classified. Exact See instructions on back of certificate. BINDING FOR -Every Item of information should be carefully supplied CIANS should state OAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See instri

	1 PLACE OF DEATH	
C	County MATURE	
Vill	age or City Walley (No. ,	
-	<sup>2</sup> FULL NAME SERVINES	2
	PERSONAL AND STATISTICAL PARTICULARS	
3 8	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	
6 D	ATE OF BIRTH Quely \$ 1931	
7 AC	(Month) (Day) (Year)	
	If LESS than I dayhrs.	
P (b)	CCUPATION  1) Trade, profession or articular kind of work	
	10 NAME OF Bernard Marshall	
SINTS	11 BIRTHPLACE OF FATHER (State or country)	
PARENTS	12 MAIDEN NAME OF MOTHER PRINCE Brown	R
	18 BIRTHPLACE OF MOTHER (State or country)	
14 T	(Informant) Structo the Best of My Knowledge	1
15	(Address) The left The	
	iled Oct 15 1921 DB R. Masur	,

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St;-----

Ward)	(If death	occurred in
	a hospital	or institu-
	tion, give it	
		street and
	number.)	

ADDRESS

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Och 15, 193/
(Month) (Day) (Year)
17 O I HEREBY CERTIFY, That I attended the deceased from
Dept 77 1523/, to Vet 15, 192/
that I last saw h Malive on
and that death occurred on the date stated above, atm
The CAUSE OF DEATH % was as follows:
Kotera Manlum
(Duration)yrs ds
Contributory
(Signed) J. D. L. D. L. D.
Signed)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
At place In the State,, yrs mos da. State,, yrs mos da.
Where was disease contracted, f not at place of death?
Former or usual residence
9 PLACE OF BURIAL OR REMOVAL TE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

2

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enployed, as At school or At home. Care should be taken eu at nome, who are engaged in the duties of the work, or At Home, and children, not gainfully emhousehold only (not paid Househeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respectato to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic ecrebnospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemic." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," State cause for which surgical operation was under-"Uraemia," "Wesknes." ctc., when a definite disease symptomatic), "Atrophy," "Collapse," "Coma," "Constated unless important. "Dropsy," "Exhaustion," "Heart failure." "Haemor. conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart ..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougenital," "Senile," etc.), (R commendations on state-Example: Measles (disease Mensles; discase; (merely (second-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	11899 STATE OF MARYLAND
County Charles	93-c CERTIFICATE OF DEATH
1	Registration Dist. No. 108
Will all the Hall as	06 1 - 41 1 5-
Village or City Malatte Fall (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME James Walty, Seta	tion, give its NAME in- stead of street and number.)
-POLL NAME	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Male White, OR DIVORCED	(00 f 2 5 192 f
(Write the word)	(Month) (Day 93 (Year)
G DATE OF BIRTH	The second control of the second from
1862	R1+25 31
(Month) (Day) (Year)	that I last saw hum alive on J. J. 192,
7 AGE [If LESS than I dayhrs.	The state of the s
67 yrs. 5 mos. / ds. or min.	Mus Carditis Cardias
8 OCCUPATION	Andem to a trace
(a) Trade, profession or particular kind of work	Clarie and it is a set to a co
(b) General nature of industry	Chronic myseorditis: 2 years duration. Cwfo
business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE	Secondary & 1/4
(State or country) / Mayland	Durstion) yrs. mos de.
10 NAME OF	(Signed) Claysus C. Welch M.D.
FATHER Cohun Sinelair	10. 10 = 11 ab = 1.
OF FATHER	195 (Address)
(State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME MALL ATT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a roug wenting sucesci	ients or Recent Residents)
OF MOTHER	At place of death yrs mos. ds. In the State yrs mos. ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Walter Ste Class	usual residence
Q1 1 1 - 2 200	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mailant Fall	Trinity Cemetery Oct 78, 193
Filed 10 28/31/192 En Chiphelian	20 UNDERTAKER ADDRESS
Registrar	Welch Chapter his
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Wilhout muse recommend in the duties of the Spinner, additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation If the occupation has been changed 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

Village or City Bryantown (No Some	CERTIFICATE OF DEATH  Registration Dist. No. 108 / 0  St.: Ward (If death occurred in a hospital or institution, give its NAME in
	St.: Ward) (If death occurred in a hospital or institution with the NAME in th
	tion the NAME is
2 FULL NAME Mary aus So	tion, give its MANG II
	mallwood street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , (Month) 30 (Day)/93/ (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
unisnown 1853	ling / 193/. to oct 30 , 193/
(Month) (Day) (Year)	that I lost saw het alive on aug 26 , 192/ ,
7 AGE   If LESS than	and that death occurred on the date stated above, at
87 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION TIME.	Do 1'
(a) Trade, profession or House keeper	Va alice
(b) General nature of industry	
business, or establishment in his manager which employed or (employer) from manager	(Duration)yrs. 6ds.
9 BIRTHPLACE (State or country)	Contributory arters Schleroses
Oporte led med	(Duration) U yrs mos ds
10 NAME OF FATHER P	(Signed) Lang to Chappelia M. D.
11 BIRTHPLACE	Och 3/ 193/ (Address) Leigherall md
OF FATHER  Z (State or country) Charles low med  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Campbell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) De Buyer Os neg	of deathyrsmosds. Stateyrsmosds.  Where was disesse contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary L Chase	Former or usual residence
91 / 5. 2.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lugher oute mel	Brigantown Church now 2, 1931
15 Filed 10/31/31 192 Can Chappelan	20 UNDERTAKER ADDRESS
Registrar	Dent't decade Heighenich

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion amplies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return" Laborer,""Foreman,"" Manager,""Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b)

Strtement of Cause of Death—Name, first, the Dis-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The n-ture of the injury, (Recommendations on statement of cause of death stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephrilis, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH Count Courtes	12409 STATE OF MARYLAND CERTIFICATE OF DEATH
2 0 00	Registration Dist. No. 106
Village or Chiryan Rose (No. 0 -	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATHOOL (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw has alive on the last saw ha
7 AGE 3 yrs. 7 mos. 5 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, and the CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or School particular kind of work	appeared peres
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER SEAL SMITH	Secondary  Signed 193 (Address Brandersware
State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hause Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Naucy Hungerford	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addres & Eryans Road P.C	Macroma Camet, Oct 31, 1931
15 Filed Q N 30 1921 Hugh Mr Chil	Jam J. Brown Damenhard.
If more branks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neceswhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. (b) Colton mill; (a) Salesman, At Home, and children, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by tetunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Committee on Chronic valvular heart disease; nephrilis, etc. The contributory The nature of the injury, Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and EXACT Ward) certificate, number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED, back OR DIVORCED may Write the word 6 DATE OF BIRTH structions that (Month) (Day) (Year) IlfLESS than 7 AGE I day hrs. min.? term Ē 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) D which employed or (employer) impo Contributory 9 BIRTHPLACE Secondary (State or country) EA. Should E OF DI (Address) PARENTS \*State the Disease Causing Death, or, ivident Causes, state (1) Means of Injury and Accidental, Suicidal or Homlcidal. CAUSI deaths from ation CAU 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state ccuP/ ients or Recent Residents) Occu At place of death ... In the OF MOTHER State. (State or country) item of i Where was disease contracted, if not at place of death? of Every item CIANS sho statement usual residence ... If more blanks are needed, address State Registrar, I6 W. Saratoga St., Balton, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilanitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (secondary or intercurrent) affection need not use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonacum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic valvular heart Example: Measles (disease chopneumonia (secondary), etc. The contributory Nomenclature of the ," "Convulsions, disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

11

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
8	Registration Dist. No. 103
Village or City Wicomico (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH O. J., 198 (Month) O. J. (Day) 3 (Year) 9.
6 DATE OF BIRTH  Sept 3 , 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sept. 30, 193/that I last last last last last last last last
7 AGE [If LESS than	
O yrs. OVBL mos. O ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Mens gitis; (Stepto Coccio)
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Bilateral astle Media Secondary  (Duration) yrs mos 3 de
10 NAME OF FATHER Neiher Wooden Furner	(Signed) alay C) Welch M. D. Oct T. 1981 (Address) Claptics M.D.
OF FATHER (State or country)  Wayland	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of hjury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margare Urles Thompson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Marylane	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Wargard When Thom boom (Address) Alcounce Mid.	Po PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Junely Cemelary 0 5, 193/
15 Filed Oct 3 1931 J. P. 9 Mput Registrar	Fro & Dut Outors mis
If more branks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

45 4 4 1)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Househeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form loborer, Laborer-Cool mine, etc. without more precise specification as Doy For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

N. B.

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /0 3
Village or City Destfulle (No. 2FULL NAME Safaut ) Richard	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- tion, give its NAME in- tead of street and humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 7 , 193 / (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 9 192 to 192 that I last saw h 192 , 192 ,
7 AGE   If LESS than   I day hrs.   ds.   or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Stillfone
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Plas, Caruty, 10 NAME OF FATHER Richard forme both ne	Secondary (Duration) yrs mos ds. (Signed) M. D.
OF FATHER (State or country)  OF STATE (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mary Elizabeth Tricks.  13 BIRTHPLACE OF MOTHER (State or courty)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(Informant) Sichord wattre	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Leulasulle 20 4	Head for V Constary Date of Burial , 19
15 Filed CC4.30 1931- Jesteppett Registrar	Lector Coulson Dentieble Pro
If more bianks are needed, addre_s State Registra	r/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many rulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Form laborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepeis, (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by tetunus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Vinanition," "Marasmus," "Old Age," "Shock," stated unless important. Examples: Accidental drowning; Struck by railroay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonihis," etc. diseases resalting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY interstitical nephritis, cough; Chronic valvular heart disease; Examplo: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.